Document made available under the Patent Cooperation Treaty (PCT)

International application number: PCT/FI05/050031

International filing date: 11 February 2005 (11.02.2005)

Document type: Certified copy of priority document

Document details: Country/Office: FI

Number: 20040227

Filing date: 13 February 2004 (13.02.2004)

Date of receipt at the International Bureau: 29 April 2005 (29.04.2005)

Remark: Priority document submitted or transmitted to the International Bureau in

compliance with Rule 17.1(a) or (b)



Helsinki 17.3.2005

ETUOIKEUSTODISTUS PRIORITY DOCUMENT



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Patenttihakemus nro Patent application no

20040227

Tekemispäivä Filing date 13.02.2004

Kansainvälinen luokka

C12Q

International class

Keksinnön nimitys Title of invention

"The method for detecting a risk of cancer, coronary heart disease, and stroke"

(Menetelmä syövän, sepelvaltimotaudin ja aivohalvauksen riskin havaitsemiseksi)

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The method for detecting a risk of cancer, coronary heart disease, and stroke

FIELD OF THE INVENTION

The present invention relates to the use of catalase (EC 1.11.1.6) polymorphisms in detecting or predicting the risk of, or predisposition to cancer, cancer death, coronary heart disease (CHD), and stroke in a subject, as well as to a kit or assay for carrying out said method. This invention also relates to targeting catalase enhancing treatments in cancer, CHD, and stroke.

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BACKGROUND OF THE INVENTION

An excess of reactive oxygen species (ROS) contributes to the aging process and degenerative diseases, such as cardiovascular disease. Oxidative stress can also lead to DNA damage following carcinogenesis.¹ Catalase (EC 1.11.1.6) is an important antioxidative enzyme that detoxifies H₂O₂ into oxygen and water at a high rate, preventing harmful effects of ROS.¹ The mammalian catalase (~240, 000 daltons) occurs as a complex of four identical subunits.² Together with superoxide dismutases (SODs) and glutathione peroxidases (GPXs), it forms the primary defense against oxidative stress in the human body.

On the basis of cell culture and animal experiments, excess H_2O_2 and lipid hydroperoxide concentration can lead to DNA damage resulting in cancer, and H_2O_2 scavengers and eliminators, such as excess intravenously infused catalase, can limit these damages.³⁻⁴ Urinary hydrogen peroxide levels have been lower in healthy controls, as compared with cancer patients.⁵ In most cancer cells, the catalase activity is low.⁶ For example, in lung cancer patients, catalase activity has been decreased in tumors, as compared with adjacent tumor-free lung tissues.⁷ In addition, there is some evidence that in cancer patients with advanced disease, high H_2O_2 content, formed as a result of tumor-induced granulocyte activation, could suppress the adaptive immune functions leading to further accelerated disease progression.⁸

It has been reported that platelet catalase activity is significantly lower in patients with CHD, as compared with healthy controls. Secondly, it has been found that

healthy children with family history of early CHD have lower erythrocyte catalase activity than a control group of children with no family history of CHD.¹⁰

Genetic polymorphisms can attenuate the activity of catalase in tissues. The human catalase gene (CAT) consists of 13 exons and is located in chromosome 11p13¹¹. Previously, only rare mutations have been reported in the catalase gene, most of them being associated with acatalasemia, a disease in which erythrocyte catalase activity is low.^{2,12} Recently, two common promoter area SNPs have been found in positions 5'UTR –844 and –262 of the catalase gene.^{12,13} Of these two, the SNP in position-262 is located in the region important in the regulation of catalase gene expression.¹⁴

The publications and other material used herein to illuminate the background of the invention are incorporated herein by reference.

15 SUMMARY OF THE INVENTION

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The object of the present invention is a method of identifying risk of developing cancer (especially colon and rectal cancer), increased risk of cancer death, increased risk of prevalent CHD, and/or stroke by detecting catalase polymorphisms from a biological sample of a subject, such as a human. The information obtained from this method can be combined with other information concerning individuals, e.g. results from blood measurements, clinical examinations and questionnaires. The blood measurements may include the determination of blood or plasma or serum analytes such as serum ferritin and vitamin E content. The information to be collected by questionnaire may include information concerning age, family and medical history, and health-related habits such as smoking. These and further objects will be evident from the following description and claims.

Specifically, such a method comprises the steps of

- a) providing a biological sample of the subject to be tested, and
- b) detecting the presence or absence of specific variations in a catalase gene in the biological sample, the presence of a single copy or two copies of a specific variant indicating an increased risk of cancer, cancer deaths, coronary heart disease, and/or stroke in said subject.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS OF THE INVENTION

The present invention provides means for prognostic or diagnostic assays for determining if a subject is likely to develop cancer, coronary heart disease (CHD), and/or stroke, which is/are associated with the variation or dysfunction of a catalase gene. Basically, such assays comprise a detection step, wherein the presence or absence of a genetic alteration or defect in the catalase gene is determined in a biological sample taken from the subject. Said detection step can be performed, e.g., by methods involving sequence analysis, nucleic acid hybridisation, primer extension, restriction enzyme site mapping or antibody binding. These methods are well-known in the art (see, for example, Current Protocols in Molecular Biology, eds. Ausubel et al, John Wiley & Sons:1992).

In particular, the present invention is directed to a method of determining the presence or absence of a catalase polymorphism in a biological sample from a human for assessing the predisposition of an individual to cancer, coronary heart disease (CHD), and/or stroke. Said method comprises determining the sequence of the nucleic acid of a human at one or more of the positions (shown in Table 2) in the catalase gene or mRNA and determining the status of the human by reference to polymorphism in catalase gene. However, a person skilled in the art may carry out various polymorphism discovery methods to find other functional catalase gene mutations for use in the method of the invention. Such variants are deemed to be within the scope of the present invention from the teachings herein.

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Numerous genotyping methods have been described in the art for analysing nucleic acids for the presence of specific sequence variations e.g. SNPs, insertions and deletions (for review see Syvänen, 1999, Human Mutation 13:1-10). In these methods a sample containing nucleic acid (e.g. blood, tissue biopsy or buccal cells) is obtained from the patient and the sequence variations of interest are identified and assessed from the nucleic acids.

Allelic variants in genes can be discriminated by enzymatic methods (with the aid of restriction endonucleases, DNA polymerases, ligases etc.), by electrophoretic methods

(e.g. single strand conformation polymorphism (SSCP), heteroduplex analysis, fragment analysis and DNA sequencing), by solid-phase assays (dot blots, microarrays, microparticles, microtiter plates etc.) and by physical methods (e.g. hybridisation analysis, mass spectrometry and denaturing high performance liquid chromatography (DHPLC)). In most of the genotyping assays different polymerase chain reaction (PCR) applications are used both to increase the signal to noise ratio as well as spare sample nucleic acid before allele discrimination. Detectable labels (fluorochromes, radioactive labels, biotin, modified nucleotides, haptens etc) can be used to enhance visualization of allelic variants.

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In a preferred embodiment of the invention a biological sample is contacted with oligonucleotide primers so that the nucleic acid region containing the potential single nucleotide polymorphism is amplified by polymerase chain reaction prior to determining the sequence. The final results can be obtained by using a method selected from, e.g., allele specific nucleic acid amplification, allele specific nucleic acid hybridisation (e.g. with a capturing probe), oligonucleotide ligation assay or restriction fragment length polymorphism (RFLP). These methods are well-known for a skilled person of the art (see, for example, Current Protocols in Molecular Biology, eds. Ausubel et al, John Wiley & Sons:1992, or Landegren et al, "Reading Bits of Genetic Information: Methods for Single-Nucleotide Polymorphism Analysis", Genome Research 8:769-776).

The detection step of the method can also be a specific DNA-assay, such as a gene or DNA chip, microarray, strip, panel or similar combination of more than one genes, mutations or RNA expressions to be assayed..

The biological sample for the method can be, e.g., a blood sample or buccal swab sample. From said sample genomic DNA is isolated.

The subject to be tested is preferably a mammal, more preferably a primate, and most preferably a human.

The polymorphic sites can be analyzed individually or in sets for prognostic purposes. The conclusion drawn from the analysis depends on the nature and number of polymorphic sites analyzed. Some polymorphic sites have variant polymorphic forms

that are causative of disease. Detection of such a polymorphic form provides at least a strong indication of presence or susceptibility to disease. Other polymorphic sites have variant polymorphic forms that are not causative of disease but are in equilibrium dislinkage with a polymorphic form that is causative. Thus, detection of noncausative polymorphic forms may also indirectly provide an indication of risk of presence or susceptibility to disease. Preferably, multiple variant forms at several polymorphic sites in catalase gene are detected to provide an indication of increased risk of presence or susceptibility to disease. The results from analyzing the polymorphic sites of the invention can be combined with analysis of other loci that associate with the same disease (*i.e.*, cancer, prevalent CHD or stroke). Alternatively or additionally, the risk of disease can be confirmed by performing conventional medical diagnostic tests of patient symptoms.

In one preferred embodiment, the invention comprises the combination of information from a large number of variables (measurements) to predict susceptibility to cancer (especially to colorectal cancer), cancer death, CHD, and/or stroke. The predictor information includes an assessment of genotypes in genomic DNA and optionally data obtainable by interviews, questionnaires, clinical examination and/or blood analyte measurements.

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Information concerning genomic DNA genotypes concerns polymorphisms such as single nucleotide polymorphisms (SNPs) and mutations in e.g. catalase. The data that can be obtained by interviews, questionnaires, clinical examination and/or blood analyte measurements includes information concerning such as:

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- 1. Age
- 2. Smoking
- 3. Cancer history
- 4. Blood leukocyte count
- 5. Drug for high cholesterol
 - 6. Serum ferritin
 - 7. Serum vitamin E
 - 8. Existing IHD disease
 - 9. Diabetes mellitus, type 2

- 10. Retinol intake
- 11. Examination year
- 12. Drug for hypertension
- 13. Adulthood socio-economic status (SES)
- 5 14. Hypertension, HT
 - 15. Ischemic heart disease (IHD) in family
 - 16. Plasma fibrinogen
 - 17. Hair mercury content
 - 18. Serum triglycerides

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In one specific embodiment, the invention is based on the principle that a small number of genotyping is performed. Any method to genotype mutations or other type of polymorphisms in a genomic DNA sample can be used. The score that predicts the probability of cancer, cancer death, prevalent CHD and/or stroke may be calculated using a multivariate failure time model or a logistic regression model:

Probability of cancer, cancer death, prevalent CHD or stroke = $[1 + e^{(-(-a + \Sigma(bi*Xi))}]^{-1}$, wherein e is Napier's constant, X_i are variables related to preeclampsia, b_i are coefficients of these variables in the logistic function, and a is the constant term in the logistic function. The model may additionally include any interaction (product) or terms of any variables X_i , e.g. b_iX_i . Alternative statistical models are a failure-time models such as the Cox's proportional hazards' model and neural networking models.

The present invention also provides a method for treating or targeting the treatment of cancer, prevalent CHD or stroke in a subject with the disease by determining the pattern of alleles encoding a variant catalase gene, i.e. by determining if said subject's genotype of catalase gene is of the variant type, comprising the steps presented in the above detection method, and treating a subject of the variant genotype with a drug affecting catalase production or metabolism of the subject. The treatment may comprise a therapy which enhances catalase availability, production or concentration in the circulation of the human subject or animal. Such treatment can be a dietary treatment, a vaccination, gene therapy or gene transfer (see e.g. US patent No: 6,627,615). Gene therapy is carried out, e.g., by transferring a non-variant catalase gene or fragment or derivative thereof.

It is further noted that catalase nucleic acid molecules, catalase polypeptides, catalase agonists, catalase antagonists, and derivatives, fragments, analogs and homologs thereof, can be incorporated into pharmaceutical compositions for the treatment according to the invention.

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The invention also features prognostic kits for use in detecting the presence of catalase polymorphism in a biological sample. The kit provides means for assessing the predisposition of an individual to cancer, prevalent CHD and/or stroke mediated by variation or dysfunction of catalase. The kit can comprise a labelled compound capable of detecting catalase polypeptide or nucleic acid (e.g. mRNA) in a biological sample. The kit can also comprise nucleic acid primers or probes capable of hybridising specifically to at least of portion of a catalase gene or allelic variant thereof. The kit can be packaged in a suitable container and preferably it contains instructions for using the kit and optionally software to interpret the results of the detection.

The kit can be based on a capturing nucleic acid probe specifically binding to the variant genotype as defined in the invention, and/or on a DNA chip, microarray, DNA strip, DNA panel or real-time PCR based tests.

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Furthermore, we have identified a novel variant form (SEQ ID NO: 26) of the human catalase (CAT) gene (SEQ ID NO: 24). This variant gene encodes a protein (SEQ ID NO: 27) with a substitution in the amino acid 316 of the polypeptide. Thus, preferably the presence or absence of Leu316Pro (T>C) mutation in Exon 8 of the catalase gene is detected in the method of the invention.

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Nucleic acids which encode variant catalase, preferably from non-human species, such as murine or rat protein, can be used to generate either transgenic animals or "knock out" animals which, in turn, are useful in the development and screening of therapeutically useful reagents. A transgenic animal (e.g., a mouse) is an animal having cells that contain a transgene, which transgene was introduced into the animal or an ancestor of the animal at a prenatal, e.g., an embryonic, stage. A transgene is a DNA which is integrated into the genome of a cell from which a transgenic animal develops. In one embodiment, the human and/or mouse cDNA encoding variant

catalase, or an appropriate sequence thereof, can be used to clone genomic DNA encoding variant catalase in accordance with established techniques and the genomic sequences used to generate transgenic animals that contain cells which express DNA encoding variant catalase. Methods for generating transgenic animals, particularly animals such as mice, have become conventional in the art and are described, for example, in U.S. Pat. Nos. 4,736,866 and 4,870,009.

Although particular embodiments have been disclosed herein in detail, this has been done by way of example for purposes of illustration only, and is not intended to be limiting with respect to the scope of the appended claims that follow. In particular, it is contemplated by the inventors that various substitutions, alterations, and modifications may be made to the invention without departing from the spirit and scope of the invention as defined by the claims. Thus, the described embodiments are illustrative and should not be construed as restrictive.

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EXPERIMENTAL SECTION

For the identification of the specific known SNPs mentioned in the experimental section we have used rs-identification numbers from the NCBI SNP database (http://www.ncbi.nlm.nih.gov/SNP/).

Sequencing of the human catalase gene:

We sequenced all 13 exons and their 5-prime and the 3-prime flanking areas of the human catalase (CAT) gene in order to find sequence variants which could be linked with altered activity of the catalase enzyme. The material that we used included 25 samples from patients with low catalase enzyme activity (15.9-26.7) and 25 samples with high catalase enzyme activity (53.5-71.7). The nucleotide sequence of the primer pair for the amplification of human CAT gene exons (and the subsequent flanking intron 5' and 3' areas) are presented in Table 1. The primers are designed so that they amplify parts of the 5-prime and the 3-prime flanking areas of the target exon. The CAT gene exons 3 and 4, exons 5 and 6, exons 7 and 8, and exons 12 and 13 were amplified in the same PCR fragment.

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Table 1. Nucleotide sequences of the primer pairs for the amplification of human CAT gene exons 1-13.

Amplified	PCR primer nucleotide sequences	Annealing temperature
CAT exon	5' at the state and stage 3' (SEO ID NO:1)	58°C
exon 1	5' - gtc taa gta ttc cgt ctg c - 3' (SEQ ID NO:1)	- ³⁰ C
	5' - cet get teg geg aat gta - 3' (SEQ ID NO:2)	
exon 2	5' - get atg tac ccg tga cag - 3' (SEQ ID NO:3)	59°C
	5' - aac act tga ccc agg tgc - 3' (SEQ ID NO:4)	
exons 3-4	5' - gtc tca tgg taa gga ttt ctg - 3' (SEQ ID NO:5)	56°C
	5' - agt cca gac aac tcg cat tc - 3' (SEQ ID NO:6)	
exons 5-6	5' - gtg gac tga att agc tgg tgg - 3' (SEQ ID NO:7)	59°C
,	5' - gag gca taa tta aac act gca tc - 3' (SEQ ID NO:8)	
exons 7-8	5' - gtg tta ctc ata atc ctt caa t - 3' (SEQ ID NO:9)	54°C
	5' - gtc ttc aca tat gta ggg atc - 3' (SEQ ID NO:10)	
exon 9	5' - gta acc atg tac aga gtg c - 3' (SEQ ID NO:11)	51°C
	5' - agg agg tcc tgc ggg gc - 3' (SEQ ID NO:12)	
exon 10	5' - gag att cat tca taa agt gcg - 3' (SEQ ID NO:13)	59°C
	5' - gtg act tcc ata gca gat aaa g - 3' (SEQ ID NO:14)	
exon 11	5' - cta agt gtt gta gta ggt gaa - 3' (SEQ ID NO:15)	57°C
	5' - acg atg gat atg cca gac cag - 3' (SEQ ID NO:16)	
exons	5' - gag tga tat agt agg gag tta g - 3' (SEQ ID NO:17)	56°C
12-13	5' - tta aca tta atg taa ctc cag tg - 3' (SEQ ID NO:18)	

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The PCR amplification was conducted in a 30 µl volume: the reaction mixture contained 60 ng human genomic DNA (extracted from peripheral blood), 1X PCR Buffer (1.5 mM MgCl₂, QIAGEN), 100 µM of each of the nucleotides (dATP, dCTP, dGTP, dTTP), 15 pmol of each of the primers, 1.25 unit of the DNA polymerase (QIAGEN, Hot Start Taq DNA polymerase).

The target DNA sequences (exons 1-13 of the CAT gene) were amplified in the above mentioned PCR reaction by using the PTC-220 DNA Engine Dyad PCR machine (MJ Research) with the PCR program conditions as follows: first the reaction was hold 10 minutes at 95°C, then the following three steps were repeated for 35 times: 45 seconds at 94°C, 30 seconds at annealing temperature (see table 1), 1 minute at 72°C after which the reaction was kept at 72°C for 5 minutes, and finally hold at 4°C.

Before the sequencing reaction the amplified CAT gene exon PCR products were purified with the GFX TM96 PCR Purification Kit (Amersham Pharmacia Biotech Inc, Piscataway, NJ). The sequencing reactions were made by using the BigDyeTM Terminator Cycle Sequencing v2.0 Ready Reactions with AmpliTaq® DNA Polymerase, FS DNA Sequencing Kit (Applied Biosystems, Foster City, CA).

Cycle sequencing was made in the PTC-220 DNA Engine Dyad PCR machine (MJ Research) with the program as follows: the following three steps were repeated for 25 cycles; 10 seconds at 96°C, 5 seconds at 50°C and 4 minutes at 60°C after which the reaction hold at 4°C. To perform cycle sequencing under standard conditions refer to ABI PRISM® 3100 Genetic Analyzer Sequencing Chemistry Guide, Applied Biosystems, Foster City, CA.

Dye terminator removal and sequencing reaction clean up was made by using the MultiScreen® -HV filtration plate (Millipore, Bedford, MA). After the clean up the samples were transferred to MicroAmp® Optical 96-Well Reaction Plate (Applied Biosystems, Foster City, CA) and sequenced by using the ABI PRISM® 3100 Genetic Analyzer (Applied Biosystems, Foster City, CA), which is an automated fluorescence-based capillary electrophoresis DNA analysis system with 16 capillaries.

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In sequencing of the 13 CAT gene exons we found five different DNA variants (table 2). Of the five DNA variants one was previously unknown i.e. CAT Exon 8 Leu316Pro T>C mutation. The other four DNA variants in the table have already been identified and their NCBI SNP database (http://www.ncbi.nlm.nih.gov/SNP/) rsidentification numbers are given in the table 2.

Table 2. The found CAT gene sequence variants and their identification numbers.

CAT gene variant site	NCBI SNP database identification number
CAT 5'UTR -262 C>T	(rs1001179)
CAT 5'UTR -21 T>A	(rs7943316)
CAT 5'UTR 49 C>T	(rs1049982)
CAT Exon 8 Leu316Pro T>C	Previously unknown CAT gene mutation
CAT Exon 9 Asp389Asp C>T	(rs769217)

Genotyping of the human catalase gene variants:

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Genotypings were conducted among the subjects of the KIHD cohort with Snapshot method (Applied Biosystems). In a snapshot reaction the genomic DNA region containing the variation in question is amplified with PCR. The amplified PCR product is purified and used as a template in the snapshot reaction. For the snapshot reaction an extension primer is designed so that the 3' end of the primer is immediately adjacent to the polymorphic site of interest. In the snapshot reaction the extension primer hybridizes to its complementary template in the presence of fluorescent labelled dideoxy-NTPs ([F]ddNTPs) and DNA polymerase. The polymerase extends the primer by only one nucleotide, adding a single [F]ddNTP to its 3' end. Because each of the four [F]ddNTPs are labeled with different fluorecent dyes the individual genotypes are detectable after electrophoresis with ABI Prism 3100 Genetic Analyzer (Applied Biosystems). Electrophoresis data is processed and the genotypes are visualized by using the GeneScan Analysis version 3.7 (Applied Biosystems).

When multiple SNPs are determined in the same reaction, the extension primers need to differ significantly in length (4-6 nucleotides) to avoid overlap between the final SNaPshot products. This can be accomplished by adding a variable number of nucleotides dT, dA, dC or cGATC to the 5' end of the different extension primers. The different SNPs can then be detected in the capillary electrophoresis according to the different size of the SNaPshot product. To perform SnaPshot genotyping under standard conditions, refer to the user manual (ABI Prism SnaPshot Multiplex kit, Protocol, Applied Biosystems).

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The genomic DNA regions containing the mutations in question were amplified all in one single reaction mix (i.e. multiplex PCR) with PTC-220 DNA Engine Dyad PCR machine (MJ Research). The PCR amplification was conducted in a 30 µl volume: the reaction mixture contained 60 ng human genomic DNA (extracted from peripheral blood), 1X PCR Buffer (QIAGEN), 200 µM of each of the nucleotides (dATP, dCTP, dGTP, dTTP), 10-20 pmol of each of the PCR primers and 1.25 units of the DNA polymerase (QIAGEN, Hot Start Taq DNA polymerase). The PCR protocol was as follows: first the reaction was hold 10 minutes at 95°C, then the following three steps were repeated for 35 cycles: 30 seconds at 94°C, 45 seconds at 53°C, 1 minute at 72°C, after which the reaction was kept at 72°C for an additional 5 minutes and finally hold at 4°C.

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The nucleotide sequence of the primer pair for the amplification of human Catalase gene (CAT) CAT 5'UTR -262 C>T, CAT 5'UTR -21 T>A and CAT 5'UTR 49 C>T variants was as follow: 5'- GTC TAA GTA TTC CGT CTG C -3' (SEQ ID NO:1) and 5'- CCT GCT TCG GCG AAT GTA -3' (SEQ ID NO:2).

The nucleotide sequence of the primer pair for the amplification of human catalase gene (CAT) exon 8 Leu316Pro T>C mutation was as follow: 5'- GTG TTA CTC ATA ATC CTT CAA T -3' (SEQ ID NO:9) and 5'- GTC TTC ACA TAT GTA GGG ATC -3' (SEQ ID NO:10).

The nucleotide sequence of the primer pair for the amplification of human catalase gene (CAT) exon 9 Asp389Asp C>T (rs769217) mutation was as follow: 5'- GTA ACC ATG TAC AGA GTG C -3' (SEQ ID NO:11) and 5'- AGG AGG TCC TGC GGG GC -3' (SEQ ID NO:12).

The PCR products were purified with SAP (Shrimp Alkaline Phosphatase, USB) and ExoI (Exonuclease I, New England Biolabs) treatment. This was done to avoid the participation of the unincorporated dNTPs and primers from the PCR reaction to the subsequent primer-extension reaction. More specifically, $2.5\mu l$ of SAP (1 unit/ μl), $0.25 \mu l$ of ExoI (20 units/ μl), $1.0 \mu l$ of $10 \times ExoI$ buffer (New England Biolabs) and $6.25 \mu l$ H₂O were added to $5 \mu l$ of the PCR product. Reaction was mixed and incubated at 37° C for 1 hour, at 75° C for 15 minutes and stored at 4° C. In the

subsequent primer extension reaction (SNaPshot reaction) 5 μl of SNaPshot Multiplex Ready Reaction Mix (Applied Biosystems), 3 μl of purified PCR products, 1 μl of pooled extension primers (depending of the signal in the SNaPshot reaction, the primer concentrations in the mix can range between 0.05 μM and 1 μM) and 1 μl water are mixed in a tube. The reaction is incubated at 94°C for 2 minutes and then subject to 25 cycles of 95°C for 5 s, 50°C for 5 s and 60°C for 5 s in a PTC-220 DNA Engine Dyad PCR machine (MJ Research). After the primer extension reaction 1 unit of SAP was added to the reaction mix and the reaction was incubated at 37°C for 1 hour, at 75°C for 15 minutes and kept at 4°C.

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The nucleotide sequence of the extension primer for the genotyping of human CAT 5'UTR -21 T>A (rs7943316) variant in a SNaPShot reaction was 5'- TTT TTT TTT TTT TTT TTT TTT GAG CCT GAA GTC GCC ACG G -3' (SEQ ID NO:20).

Aliquots of 1 µl of pooled SNaPshot products, 9.00 µl of Hi-Di formamide (Applied Biosystems) and 0.25 µl GeneScan-120 LIZ size standard (Applied Biosystems) were

combined in a 96-well 3100 optical microamp plate (Applied Biosystems). The reactions were denatured by placing them at 95°C for 5 minutes and then loaded onto a ABI Prism 3100 Genetic Analyzer (Applied Biosystems). Elelctrophoresis data was processed and the genotypes were visualized by using the GeneScan Analysis version 3.7 (Applied Biosystems).

Measurement of blood catalase activity

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The blood catalase activity was measured for 546 men at the KIDH 11-year follow-up from fasting whole blood. Catalase decomposes hydrogen peroxide to less harmful oxygen and water. The measurement method for catalase activity was based on the competition between sample catalase activity and the simultaneous colour forming reaction. Uric acid was used to buffer H₂O₂ concentration in a reaction catalyzed by uricase (EC 1.7.3.3). Catalase activity was measured by the competitive enzymatic color reaction, where horseradish peroxidase (EC 1.11.1.7)/Trinder reagent, as color forming reagent, competed simultaneously with catalase of the availability/sufficiency of H₂O₂. Percentual inhibitions for standards and samples were calculated against a blank reaction. Commercial catalase enzyme (Sigma, St. Louis, MO), whose activity was checked according to manufacturer instructions, was used to obtain a standard curve. Activities were measured using an auto-analyzer (Konelab 20, Thermo Electron Corporation, Vantaa, Finland).

Ascertainment of cancers, deaths and strokes

Our study cohort was record-linked with the cancer registry¹⁶data by using the unique personal identification code (social security number) that all Finns have. Cancer history before the baseline examination was recorded by a self-assessment questionnaire. Deaths were ascertained by a computer linkage to the national death registry using the Finnish social security number. There were no losses to follow-up. All deaths that occurred from the study entry to December 31, 2001, were included. Deaths were coded according to the International Classification of Diseases (9th ed.; ICD-9).¹⁷ Follow-up data concerning strokes were registered as part of the multinational MONICA Project, and by computerized linkage to the Finnish national hospital discharge registry and death certificate registers.

Questionnaires

The history and the family history of coronary heart disease (CHD, IHD), and smoking were recorded using a self-assessment questionnaire, checked by an interviewer. ¹⁸ Interviews to obtain medical history were conducted by a physician.

Food and nutrient consumption was assessed by a nutritionist –instructed 4-day food recording by household measures. Socio-economic status was measured with a summary index that combined income, education, occupation, occupational prestige, material standard of living, and housing conditions. Diabetes was defined as fasting blood glucose >6.7 mmol/l or if a subject had medication for diabetes.

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Other measurements

Subjects were instructed to fast overnight (12 hours) and abstain from smoking for 12 hours and from drinking alcohol for three days prior to the visit. The brachial venous blood samples were drawn with vacuum tubes from a subject after a 30-minute rest in a supine position. No tourniquet was used. Chemical measurements such as serum ferritin,²¹ and serum lipid-standardized vitamin E,²² were carried out as described in detail elsewhere. Blood leukocyte count was assessed by a cell counter (Coulter Counter Electronics, Luton, England). Plasma fibrinogen levels were measured on the basis of clotting of diluted plasma with excess thrombin (Coagulometer KC4,

Heinrich Amelung, Lemgo, Germany). Serum triglycerides were determined with a commercial kit (Boehringer Mannheim, Mannheim, Germany) using an auto-analyser. Hair mercury content was assessed as previously described in detail.²³

Statistical analysis

A one-way analysis of variance (ANOVA) test was used to assess the heterogeneity in variables between genotypes. Relative risks were estimated as relative hazards, the antilog of the partial coefficient, using the Cox proportional hazards model. All data analyses were carried out using SPSS for Windows (version 11.01, SPSS Inc., Chigaco, Illinois). A two-sided P<0.05 was considered statistically significant in all comparisons.

Testing the risk of cancer, cancer death, stroke and prevalent CHD:

Catalase 5'UTR -262 polymorphism was determined in 1,593 Eastern Finland men that belong to the cohort of the "Kuopio Ischaemic Heart Disease Risk Factor Study"

(KIHD), a population study to investigate genetic and other risk factors for cardiovascular diseases, cancers and deaths. Of these 1,593 men, 153 developed cancer and 97 suffered cerebrovascular stroke within a mean follow-up of 13.6 years, 48 men died of cancer and 203 of any cause within a mean follow-up time of 13.9 years, 326 had symptomatic CHD or had previous CHD history.

CAT 5'UTR -262 (C>T) polymorphism:

There were 722 subjects (45.3%) with the CAT -262 CC genotype, 685 subjects (43.0%) with CT genotype, and 186 subjects (11.7%) with TT genotype in CAT 5'UTR -262. Of these men, blood catalase activity was determined for 546 men in connection with the 11-year follow-up visit. Subjects with the TT genotype had 8.0% and, the subjects having TC genotype 7.3% lower activity, as compared to CC genotype (p<0.001). For this reason the statistical disease prediction models were formed to compare catalase -262 CC genotype to TT and TC genotypes.

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In step-up Cox models, examination year, age, genotypes with T allele and the most important risk factors of the each outcome investigated were tested (p=0.05 for entry). Subjects with T allele had 1.52-fold (95%CI, 1.09 to 2.12, p=0.013) risk to develop cancer, as compared with CC genotype (Table 3). As other risk factors, age, smoking, positive cancer history, leukocytes, drug for high cholesterol, and serum ferritin, and as a protective factor, serum vitamin E entered into the model.

The T allele seemed to expose the strongest to the colorectal cancer, relative risk (RR) of 3.28 (95%CI, 1.09 to 9.92, p=0.035). In addition to the T allele, age, cancer history, existing IHD disease, and diabetes mellitus type 2 entered as risk factors into the model.

Subjects with the T allele had a 3.10-fold (95%CI, 1.57 to 6.11, p=0.001) risk to suffer cancer death, as compared with the CC genotype. Of other risk factors, age, smoking, leukocytes and retinol intake entered into the model (Table 4).

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Subjects with T allele had a 1.50-fold (95%CI, 1.14 to 1.97, p=0.004) risk to have prevalent CHD, as compared to CC genotype. Other risk factors were age, smoking, drug for high cholesterol, examination year, drug for hypertension, low adulthood socio-economic status (SES), hypertension, ischemic heart disease in family, high plasma fibrinogen, hair mercury content and serum triglyceride levels (Table 5).

CAT Leu316Pro (T>C) polymorphism:

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There were 1575 subjects (98.9%) with TT genotype, and 18 subjects (1.1%) with the CT genotype. There were no CC homozygous subjects. Of these men, blood catalase activity was determined for 546 men in connection with the 11-year follow-up visit. Subjects with the TT genotype (n=536) had 31.2% higher blood catalase activity, as compared with the CT genotype (n=10) (p<0.001).

In a step-up Cox model, examination year, age, and all of the polymorphisms (except CAT –262) were offered for the model (p=0.05 for entry). CT heterozygous subjects (for CAT Leu316Pro (T>C) polymorphism) were at an increased risk of stroke, as compared with the TT homozygous subjects, RR=3.15 (95%CI 1.00 to 10.00, p=0.050). Also age entered into the model. A total of 3 strokes (16.7% incidence) occurred among CT heterozygous subjects, and there were 94 strokes (6.0% incidence) among TT homozygous subjects.

CAT Asp389Asp C>T polymorphism:

There were 1041 subjects with CC genotype, 473 subjects with the CT genotype and 79 subjects with the TT genotype. Of these men, blood catalase activity was determined for 546 men. Subjects with the TT genotype (n=21) had 5.6%, and subjects with TC genotype 3.5% (n=170) lower blood catalase activity, as compared with the CC genotype (n=355) (p=0.031 for the trend). After forcing for examination year and age, the T allele tended to increase both the risk of cancer (RR=1.09, 95%CI, 0.78 to 1.52, p=0.599) and the risk of stroke (RR= 1.25, 95%CI, 0.83 to 1.88, p=0.289).

Table 3: T allele in position 5'UTR -262 and cancer incidence based on Cox regression model.

	В	Exp(B)	95,0% CI	for Exp(B)	Statistical
			Lower bound	significance	significance
Catalase 5'UTR -262 CT or TT		· · · · · · · · · · · · · · · · · · ·			
(1=yes vs. 0=no)	0.4200	1.52	1.09	2.12	0.013
Age (years)	0.1233	1.13	1.09	1.17	<0.001
Smoker (1=yes vs. 0=no)	0.5327	1.70	1.20	2.43	0.003
Drug for high cholesterol					
(yes=1 vs. no=0)	1.3465	3.84	1.19	12.44	0.025
Serum ferritin (μg/I)	0.0009	1.00	1.00	1.00	0.015
Blood leukocyte count (10 ⁹ /l)	0.1058	1.11	1.01	1.23	0.039
Serum lipid-standardized vitamin E (μmol/l)	-1.0118	0.36	0.16	0.85	0.019
Positive cancer history (1=yes vs. 0=no)	1.0966	2.99	1.39	6.46	0.005

Table 4: T allele in position 5'UTR -262 and cancer mortality based on Cox regression model.

	В	Exp(B)	95%CI c	ofr Exp(B)	Statistical
			Lower bound	Upper bound	significance
Catalase 5'UTR –262 CT or TT					
(yes=1 vs. no=0)	1.1302	3.10	1.57	6.11	0.001
Age (years)	0.0920	1.10	1.03	1.16	0.003
Smoker (1=yes vs. 0=no)	0.9028	2.47	1.34	4.55	0.004
Blood leukocyte count (109/l)	0.2074	1.23	1.06	1.42	0.005
Retinol intake (μg/day)	0.0001	1.00	1.00	1.00	0.024

Table 5: T allele in position 5'UTR -262 and prevalent CHD based on logistic regression model.

	В	Exp(B)	95,0% CI	for Exp(B)	Statistical
			Lower bound	Upper bound	significance
Catalase 5'UTR –262 CT or TT					
(yes=1 vs. no=0)	0.4039	1.50	1.14	1.97	0.004
Age (years)	0.0515	1.05	1.03	1.08	<0.001
Examination year	0.1073	1.11	1.02	1.22	0.016
Smoker (1=yes vs. 0=no) Drug for high cholesterol	0.3249	1.38	1.02	1.87	0.035
(1=yes vs. 0=no)	1.3128	3.72	0.88	15.73	0.074
Drug for hypertension (1=yes vs. 0=no)	1.0944	2.99	2.05	4.35	<0.001
Low adulthood socioeconomic status, SES	0.0884	1.09	1.05	1.13	<0.001
Hypertension (1=yes vs. 0=no) Ischemic heart disease in family	0.2935	1.34	0.95	1.90	0.097
(1=yes vs. 0=no)	0.4205	1.52	1.16	2.00	0.002
Plasma fibrinogen (g/l)	0.2172	1.24	0.96	1.61	0.099
Hair mercury content (μg/g)	0.1455	1.16	1.08	1.24	<0.001
Serum trialycerides (mmol/l)	0.1440	1.15	0.99	1.35	0.066

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CLAIMS

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- 1. A method for detecting genetic variation or polymorphism, i.e. a mutation, in a catalase gene comprising the steps of:
 - a) providing a biological sample taken from a subject to be tested,
 - b) detecting the presence or absence of a variant genotype of the catalase gene in the biological sample, the presence of a variant catalase genotype indicating an increased risk or a susceptibility to cancer, especially colon and rectal cancer, cancer death, coronary heart disease (CHD), and/or cerebrovascular stroke in said subject.
- 2. The method according to claim 1, wherein said variant genotype of the catalase gene is a homo- or heterozygote form of the mutation.
 - 3. The method according to claim 1, wherein the detection step is a DNA-assay.
 - 4. The method according to claim 1, wherein the detection step is carried out using a gene or DNA chip, microarray, strip, panel or similar combination of more than one genes, mutations, catalase RNA expressions or catalase concentration or activity to be assayed.
 - 5. The method according to claim 1, wherein the allelic pattern is determined using polymerase chain reaction.
- 25 6. The method according to claim 1, wherein the biological sample is a blood sample or buccal swab sample.
 - 7. The method according to claim 1, wherein the detection step is based on a capturing probe.

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- 8. The method according to claim 1, wherein said method is used for determining whether a subject will benefit from treatment with a drug, nutrient or other therapy enhancing catalase production, levels or activity or inhibiting catalase catabolism or elimination in the subject.
- 5 9. The method according to claim 1, wherein said method is used for determining whether a subject will be at increased risk of adverse effects or reactions if catalase antagonists are administered to a subject.

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- 10. The method according to claim 1, further comprising a step of selecting a subject with a catalase gene sequence reducing the expression, production or levels of catalase enzyme for clinical drug trials testing the cancer, coronary heart disease and/or stroke preventing effects of compounds.
- 11. The method according to claim 1, wherein the detected mutation is -262 C>T of 5'UTR of the catalase gene.
- 15 12. The method according to claim 1, wherein the detected mutation is Exon 8 Leu316Pro (T>C) of the catalase gene.
 - 13. The method according to claim 1, wherein the detected mutation is Exon 9 Asp389Asp (C>T) of the catalase gene.

14. The method according to claim 1, further comprising a step of combining information concerning age, smoking, cancer history, leukocytes, drug for high cholesterol, serum ferritin, serum vitamin E, existing IHD disease, diabetes mellitus type 2, and retinol intake, drug for hypertension, adulthood socioeconomic status (SES), HT, ischemic heart disease in family, plasma fibrinogen, mercury from hair and serum triglycerides in blood of the subject with the results from step b) of the method for confirming the indication obtained from said step.

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- 15. The method according to preceding claims further comprising a step of calculating the probability of cancer, cancer death, coronary heart disease (CHD), and/or cerebrovascular stroke using a logistic regression equation as follows: Probability of a condition = $[1+e^{-(a+\sum (bi * Xi))}]^{-1}$, where e is Napier's constant, X_i 's are variables related to the cancer or cancer deaths, b_i 's are coefficient of these variables in the logistic function, and a is the constant term.
- 16. The method according to claim 15, wherein a and b_i's are determined in the population in which the method is to be used.
- 17. The method according to claim 15, wherein Xi's are selected among the variables that have been measured in the population in which the method is to be used.
- 15 18. The method according to claim 15, wherein b_i are between the values of -20 and 20
 - 19. The method according to claim 15, wherein X_i's are between -99999 and 99999.
 - 20. The method according to claim 15, wherein i are between the values 0 (none) and 100,000.
 - 21. The method according to claim 15, wherein subject's short term, median term, and/or long term risk of cancer, CHD, and/or stroke is predicted.
 - 22. A kit for detecting genetic variation or polymorphism, i.e. a mutation, in the catalase gene for the determination of a risk of cancer, especially colon and rectal cancer, cancer deaths, CHD, and/or stroke, in a subject, comprising means for catalase gene allele detection, and optionally software to interpret the results of the determination.

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- 23. The kit according to claim 22 comprising a capturing nucleic acid probe specifically binding to the variant genotype as defined in any one of claims 11-13.
- 24. The kit according to claim 22 or 23, comprising a DNA chip, microarray, DNA strip, DNA panel or real-time PCR based tests.

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- 25. The kit according to any one of claims 22-24, comprising a questionnaire for obtaining patient information concerning age, smoking, cancer history, drug for high cholesterol, existing IHD disease, diabetes mellitus type 2, and retinol intake, drug for hypertension, adulthood socio-economic status (SES), HT, and ischemic heart disease in family.
- 26. An isolated variant nucleic acid encoding catalase protein, said nucleic acid comprising CAT Exon 8 Leu316Pro (T>C) mutation.
- 27. The nucleic acid according to claim 26 further comprising CAT -262 C>T 5'UTR and/or CAT Exon 9 Asp389Asp (C>T) mutation.
- 28. The nucleic acid according to claim 26 or 27, wherein said nucleic acid is a genomic nucleotide sequence.
- 29. The nucleic acid according to claim 28, wherein said nucleic acid is cDNA.
- 30. The nucleic acid according to claim 26 comprising an RNA sequence.
- 31. The nucleic acid according to 26 having the nucleic acid sequence set forth in SEQ ID NO:26.
 - 32. A capturing probe specifically binding to the nucleic acid according to claim 26.
 - 33. The capturing probe according to claim 32, which comprises a single strand of the cDNA according to claim 29.

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- 34. The capturing probe according to claim 32 or 33, which is specifically binding to variant catalase nucleic acid according to claim 26, but do not bind non-variant catalase.
- 5 35. A method for determining the presence or absence of a nucleic acid as defined in claim 26 in a biological sample comprising the steps of:

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- a) treating said sample to obtain single stranded target nucleic acid, or if the target nucleic acid are already single stranded, directly employing step (b);
- b) contacting said target nucleic acid with a capturing nucleic acid probe and a detector nucleic acid probe;
- c) detecting the complex of capturing probe, target nucleic acid and detector probe.
- 36. The method according to claim 35, wherein the capturing nucleic acid probe is attached or capable of attaching to a solid phase, and comprises the cDNA sequence according to claim 29, and wherein a detected signal from the solid phase is an indication of the presence in the sample of a nucleic acid as defined in claim 26.
 - 37. The method according to claim 35, wherein the capturing nucleic acid probe is attached or capable of attaching to a solid phase, and comprises a cDNA corresponding to the gene coding a wild-type catalase protein, and wherein a detected signal from the solid phase is an indication of the absence of the nucleic acid as defined in claim 26 in the sample.
 - 38. A transgenic animal which carries a human DNA sequence comprising a nucleotide sequence encoding a variant catalase nucleic acid as defined in claim 26.

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39. RNA interference methods and models involving a variant nucleotide sequence encoding a variant catalase nucleic acid as defined in claim 26.

40. A method for targeting the treatment of cancer, CHD, and/or stroke by determining the pattern of alleles encoding a catalase, i.e. by determining if said subject's genotype of the catalase is of the variant type, comprising the steps presented in claim 1, and treating a subject of the variant genotype with a drug affecting catalase production or metabolism of the subject.

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- 41. The method according to claim 40, wherein the variant genotype is as defined in any one of claims 11-13.
- 42. The method according to claim 40 or 41, wherein said variant genotype of the catalase is a homozygote or heterozygote form of mutation.
- 43. A method for treating a human or animal suffering from cancer, CHD or cerebrovascular stroke or for preventing said disease, said method comprising a therapy enhancing catalase availability, production or concentration of the human subject or animal.
 - 44. The method of claim 43, wherein said animal is a mammal.
 - 45. A method for treating vascular complications of cancer, CHD or stroke, said method comprising a step of enhancing catalase availability, production or concentration in the circulation of a human subject or animal.
- 46. The method according to any one of claims 43 45, said method comprising administering to a subject a compound enhancing catalase enzyme availability, production or concentration of the subject.
- 47. The method according to any one of claims 43 45, wherein the said method of treating is a dietary treatment or a vaccination.

- 48. The method according to any one of claims 43 45, wherein said therapy is gene therapy or gene transfer.
- 49. The method according to claim 48, wherein said therapy comprises the transfer of the non-variant catalase gene or fragment or derivative thereof.

(57) Abstract

The present invention relates to variants in the catalase gene. The invention provides a method of identifying subject's susceptibility or predisposition to or risk of developing cancer, cancer death, CHD, and/or cerebrovascular stroke by detecting gene polymorphisms and other gene mutations in a biological sample from the subject. The invention also relates to a test kit and software for accomplishing the method. In addition, the invention provides a method for treating or preventing a human or animal suffering from cancer, CHD or cerebrovascular stroke, said method comprising a therapy enhancing catalase availability, production or concentration of the human subject or animal.

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ggc	atc Ile	aaa Lys	aac Asn	ctt Leu 245	tct Ser	gtt Val	gaa Glu	gat Asp	gcg Ala 250	gcg Ala	aga Arg	ctt Leu	tcc Ser	cag Gln 255	gaa Glu	768
									Phe					aca Thr		816
														aat Asn		864
gca Ala	gaa Glu 290	Thr	ttt Phe	cca Pro	ttt Phe	aat Asn 295	cca Pro	ttc Phe	gat Asp	ctc Leu	acc Thr 300	aag Lys	gtt Val	tgg Trp	cct Pro	912
	Lys					Ile					Leu			aac Asn		960

aat Asn	cca Pro	gtt Val	aat Asn	tac Tyr 325	ttt Phe	gct Ala	gag Glu	gtt Val	gaa Glu 330	cag Gln	ata Ile	gcc Ala	ttc Phe	gac Asp 335	cca Pro	100	8
agc Ser	aac Asn	atg Met	cca Pro 340	cct Pro	ggc Gly	att Ile	gag Glu	gcc Ala 345	agt Ser	cct Pro	gac Asp	aaa Lys	atg Met 350	ctt Leu	cag Gln	105	6
gly	cgc Arg	ctt Leu 355	ttt Phe	gcc Ala	tat Tyr	cct Pro	gac Asp 360	act Thr	cac His	cgc Arg	cat His	cgc Arg 365	ctg Leu	gga Gly	ccc Pro	110	4
aat Asn	tat Tyr 370	ctt Leu	cat His	ata Ile	cct Pro	gtg Val 375	aac Asn	tgt Cys	ccc Pro	tac Tyr	cgt Arg 380	gct Ala	cga Arg	gtg Val	gcc Ala	115	2
aac Asn 385	tac Tyr	cag Gln	cgt Arg	gat Asp	ggc Gly 390	ccg Pro	atg Met	tgc Cys	atg Met	cag Gln 395	gac Asp	aat Asn	cag Gln	ggt Gly	ggt Gly 400	120	0
gct Ala	cca Pro	aat Asn	tac Tyr	tac Tyr 405	ccc Pro	aac Asn	agc Ser	ttt Phe	ggt Gly 410	gct Ala	ccg Pro	gaa Glu	caa Gln	cag Gln 415	cct Pro	124	8
								tat Tyr 425								129	6
aac Asn	act Thr	gcc Ala 435	aat Asn	gat Asp	gat Asp	aac Asn	gtt Val 440	act Thr	cag Gln	gtg Val	cgg Arg	gca Ala 445	ttc Phe	tat Tyr	gtg Val	134	4
aac Asn	gtg Val 450	ctg Leu	aat Asn	gag Glu	gaa Glu	cag Gln 455	agg Arg	aaa Lys	cgt Arg	ctg Leu	tgt Cys 460	gag Glu	aac Asn	att Ile	gcc Ala	139	2
								ttc Phe								144	; O
aac Asn	ttc Phe	act Thr	gag Glu	gtc Val 485	cac His	cct Pro	gac Asp	tac Tyr	999 Gly 490	agc Ser	cac His	atc Ile	cag Gln	gct Ala 495	ctt Leu	148	8
ctg Leu	gac Asp	aag Lys	tac Tyr 500	aat Asn	gct Ala	gag Glu	aag Lys	cct Pro 505	aag Lys	aat Asn	gcg Ala	att Ile	cac His 510	acc Thr	ttt Phe	153	6
gtg Val	cag Gln	tcc Ser 515	Gly	tct Ser	cac His	ttg Leu	gcg Ala 520	Ala	agg Arg	gag Glu	aag Lys	gca Ala 525	aat Asn	ctg Leu	tga	158	34

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Met Ala Asp Ser Arg Asp Pro Ala Ser Asp Gln Met Gln His Trp Lys

1 5 10 15

Glu Gln Arg Ala Ala Gln Lys Ala Asp Val Leu Thr Thr Gly Ala Gly 20 25 30

Asn Pro Val Gly Asp Lys Leu Asn Val Ile Thr Val Gly Pro Arg Gly 35 40 45

Pro Leu Leu Val Gln Asp Val Val Phe Thr Asp Glu Met Ala His Phe 50 55 60

Asp Arg Glu Arg Ile Pro Glu Arg Val Val His Ala Lys Gly Ala Gly 65 70 75 80

Ala Phe Gly Tyr Phe Glu Val Thr His Asp Ile Thr Lys Tyr Ser Lys 85 90 95

Ala Lys Val Phe Glu His Ile Gly Lys Lys Thr Pro Ile Ala Val Arg 100 105 110

Phe Ser Thr Val Ala Gly Glu Ser Gly Ser Ala Asp Thr Val Arg Asp 115 120 125

Pro Arg Gly Phe Ala Val Lys Phe Tyr Thr Glu Asp Gly Asn Trp Asp 130 135 140

Leu Val Gly Asn Asn Thr Pro Ile Phe Phe Ile Arg Asp Pro Ile Leu 145 150 150 155 160

Phe Pro Ser Phe Ile His Ser Gln Lys Arg Asn Pro Gln Thr His Leu 165 170 175

Lys Asp Pro Asp Met Val Trp Asp Phe Trp Ser Leu Arg Pro Glu Ser 180 185 190

Leu His Gln Val Ser Phe Leu Phe Ser Asp Arg Gly Ile Pro Asp Gly 195 200 205

His Arg His Met Asn Gly Tyr Gly Ser His Thr Phe Lys Leu Val Asn 210 215 220

Ala Asn Gly Glu Ala Val Tyr Cys Lys Phe His Tyr Lys Thr Asp Gln 225 230 235 240

Gly Ile Lys Asn Leu Ser Val Glu Asp Ala Ala Arg Leu Ser Gln Glu 245 250 255

Asp Pro Asp Tyr Gly Ile Arg Asp Leu Phe Asn Ala Ile Ala Thr Gly 260 265 270

Lys Tyr Pro Ser Trp Thr Phe Tyr Ile Gln Val Met Thr Phe Asn Gln 275 280 285

Ala Glu Thr Phe Pro Phe Asn Pro Phe Asp Leu Thr Lys Val Trp Pro 290 295 300

His Lys Asp Tyr Pro Leu Ile Pro Val Gly Lys Leu Val Leu Asn Arg 305 310 315 320

Asn Pro Val Asn Tyr Phe Ala Glu Val Glu Gln Ile Ala Phe Asp Pro 325 330 335

Ser Asn Met Pro Pro Gly Ile Glu Ala Ser Pro Asp Lys Met Leu Gln 340 345 350

Gly Arg Leu Phe Ala Tyr Pro Asp Thr His Arg His Arg Leu Gly Pro 355 360 365

Asn Tyr Leu His Ile Pro Val Asn Cys Pro Tyr Arg Ala Arg Val Ala 370 375 380

Asn Tyr Gln Arg Asp Gly Pro Met Cys Met Gln Asp Asn Gln Gly Gly 385 390 395 400

Ala Pro Asn Tyr Tyr Pro Asn Ser Phe Gly Ala Pro Glu Gln Gln Pro 405 410 415

Ser Ala Leu Glu His Ser Ile Gln Tyr Ser Gly Glu Val Arg Arg Phe 420 425 430

Asn Thr Ala Asn Asp Asp Asn Val Thr Gln Val Arg Ala Phe Tyr Val 435 440 445

Asn Val Leu Asn Glu Glu Gln Arg Lys Arg Leu Cys Glu Asn Ile Ala 450 455 460

Gly His Leu Lys Asp Ala Gln Ile Phe Ile Gln Lys Lys Ala Val Lys 465 470 475 480

Asn Phe Thr Glu Val His Pro Asp Tyr Gly Ser His Ile Gln Ala Leu

Leu Asp Lys	Tyr Asn	Ala	Glu	Lys	Pro	Lys	Asn	Ala	Ile	His	Thr	Phe
	500				505					510		

Val	Gln	Ser	Gly	Ser	His	Leu	Ala	Ala	Arg	Glu	Lys	Ala	Asn	Leu
		515					520					525		

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	> : gct	varia 26 gac Asp	agc	cgg	gat	ccc	gcc									48
gag Glu	cag Gln	cgg Arg	gcc Ala 20	gcg Ala	cag Gln	aaa Lys	gct Ala	gat Asp 25	gtc Val	ctg Leu	acc Thr	act Thr	gga Gly 30	gct Ala	ggt Gly	96
		gta Val 35														144
ccc Pro	ctt Leu 50	ctt Leu	gtt Val	cag Gln	gat Asp	gtg Val 55	gtt Val	ttc Phe	act Thr	gat Asp	gaa Glu 60	atg Met	gct Ala	cat His	ttt Phe	192
gac Asp 65	cga Arg	gag Glu	aga Arg	att Ile	cct Pro 70	gag Glu	aga Arg	gtt Val	gtg Val	cat His 75	gct Ala	aaa Lys	gga Gly	gca Ala	80 GJA 333	240
gcc Ala	ttt Phe	ggc Gly	tac Tyr	ttt Phe 85	gag Glu	gtc Val	aca Thr	cat His	gac Asp 90	att Ile	acc Thr	aaa Lys	tac Tyr	tcc Ser 95	aag Lys	288
gca Ala	aag Lys	gta Val	ttt Phe 100	gag Glu	cat His	att Ile	gga Gly	aag Lys 105	aag Lys	act Thr	ccc Pro	atc Ile	gca Ala 110	gtt Val	cgg Arg	336
ttc Phe	tcc Ser	act Thr 115	gtt Val	gct Ala	gga Gly	gaa Glu	tcg Ser 120	ggt Gly	tca Ser	gct Ala	gac Asp	aca Thr 125	gtt Val	cgg Arg	gac Asp	384
cct Pro	cgt Arg 130	gly aaa	ttt Phe	gca Ala	gtg Val	aaa Lys 135	ttt Phe	tac Tyr	aca Thr	gaa Glu	gat Asp 140	ggt Gly	aac Asn	tgg Trp	gat Asp	432
ctc Leu 145	gtt Val	gga Gly	aat Asn	aac Asn	acc Thr 150	ccc Pro	att Ile	ttc Phe	ttc Phe	atc Ile 155	agg Arg	gat Asp	ccc Pro	ata Ile	ttg Leu 160	480
ttt Phe	cca Pro	tct Ser	ttt Phe	atc Ile 165	cac His	agc Ser	caa Gln	aag Lys	aga Arg 170	aat Asn	cct Pro	cag Gln	aca Thr	cat His 175	ctg Leu	528

aag Lys	gat Asp	ccg Pro	gac Asp 180	atg Met	gtc Val	tgg Trp	gac Asp	ttc Phe 185	tgg Trp	agc Ser	cta Leu	cgt Arg	cct Pro 190	gag Glu	tct Ser	576
	cat His															624
cat His	cgc Arg 210	cac His	atg Met	aat Asn	gga Gly	tat Tyr 215	gga Gly	tca Ser	cat His	act Thr	ttc Phe 220	aag Lys	ctg Leu	gtt Val	aat Asn	672
gca Ala 225	aat Asn	gjà aaa	gag Glu	gca Ala	gtt Val 230	tat Tyr	tgc Cys	aaa Lys	ttc Phe	cat His 235	tat Tyr	aag Lys	act Thr	gac Asp	cag Gln 240	720
gly	atc Ile	aaa Lys	aac Asn	ctt Leu 245	tct Ser	gtt Val	gaa Glu	gat Asp	gcg Ala 250	gcg Ala	aga Arg	ctt Leu	tcc Ser	cag Gln 255	gaa Glu	768
	cct Pro															816
aag Lys	tac Tyr	ccc Pro 275	tcc Ser	tgg Trp	act Thr	ttt Phe	tac Tyr 280	atc Ile	cag Gln	gtc Val	atg Met	aca Thr 285	ttt Phe	aat Asn	cag Gln	864
	gaa Glu 290															912
	aag Lys															960
	cca Pro															1008
agc Ser	aac Asn	atg Met	cca Pro 340	cct Pro	ggc	att Ile	gag Glu	gcc Ala 345	agt Ser	cct Pro	gac Asp	aaa Lys	atg Met 350	ctt Leu	cag Gln	1056
ggc Gly	cgc Arg	ctt Leu 355	ttt Phe	gcc Ala	tat Tyr	cct Pro	gac Asp 360	act Thr	cac His	cgc Arg	cat His	cgc Arg 365	ctg Leu	gga Gly	ccc Pro	1104
aat Asn	tat Tyr 370	Leu	cat His	ata Ile	cct Pro	gtg Val 375	aac Asn	tgt Cys	ccc Pro	tac Tyr	cgt Arg 380	gct Ala	cga Arg	gtg Val	gcc Ala	1152
aac Asn 385		cag Gln	cgt Arg	gat Asp	ggc 390	ccg Pro	atg Met	tgc Cys	atg Met	cag Gln 395	Asp	aat Asn	cag Gln	ggt Gly	ggt Gly 400	1200
gct Ala	cca Pro	aat Asn	tac Tyr	tac Tyr 405	Pro	aac Asn	agc Ser	ttt Phe	ggt Gly 410	gct Ala	ccg Pro	gaa Glu	caa Gln	cag Gln 415	Pro	1248

tct gcc ctg Ser Ala Leu	gag cac Glu His 420	agc a Ser I	atc ca [le Gl	a tat n Tyr 425	tct Ser	gga Gly	gaa Glu	gtg Val	cgg Arg 430	aga Arg	ttc Phe	1296
aac act gcc Asn Thr Ala 435				al Thr								1344
aac gtg ctg Asn Val Leu 450		Glu G										1392
ggc cac ctg Gly His Leu 465	aag gat Lys Asp	gca c Ala c 470	caa at 31n Il	t ttc Le Phe	atc Ile	cag Gln 475	aag Lys	aaa Lys	gcg Ala	gtc Val	aag Lys 480	1440
aac ttc act Asn Phe Thr		His E										1488
ctg gac aag Leu Asp Lys												1536
gtg cag tcc Val Gln Ser 515	Gly Ser		Leu A.								tga	1584
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Phe Ser Thr Val Ala Gly Glu Ser Gly Ser Ala Asp Thr Val Arg Asp 115 120 125

Pro Arg Gly Phe Ala Val Lys Phe Tyr Thr Glu Asp Gly Asn Trp Asp 130 135

Leu Val Gly Asn Asn Thr Pro Ile Phe Phe Ile Arg Asp Pro Ile Leu 145 150 155 160

Phe Pro Ser Phe Ile His Ser Gln Lys Arg Asn Pro Gln Thr His Leu 165 170 175

Lys Asp Pro Asp Met Val Trp Asp Phe Trp Ser Leu Arg Pro Glu Ser 180 185 190

Leu His Gln Val Ser Phe Leu Phe Ser Asp Arg Gly Ile Pro Asp Gly
195 200 205

His Arg His Met Asn Gly Tyr Gly Ser His Thr Phe Lys Leu Val Asn 210 215 220

Ala Asn Gly Glu Ala Val Tyr Cys Lys Phe His Tyr Lys Thr Asp Gln 225 230 235 240

Gly Ile Lys Asn Leu Ser Val Glu Asp Ala Ala Arg Leu Ser Gln Glu 245 250 255

Asp Pro Asp Tyr Gly Ile Arg Asp Leu Phe Asn Ala Ile Ala Thr Gly 260 265 270

Lys Tyr Pro Ser Trp Thr Phe Tyr Ile Gln Val Met Thr Phe Asn Gln 275 280 285

Ala Glu Thr Phe Pro Phe Asn Pro Phe Asp Leu Thr Lys Val Trp Pro 290 295 300

His Lys Asp Tyr Pro Leu Ile Pro Val Gly Lys Pro Val Leu Asn Arg 305 310 315 320

Asn Pro Val Asn Tyr Phe Ala Glu Val Glu Gln Ile Ala Phe Asp Pro 325 330 335

Ser Asn Met Pro Pro Gly Ile Glu Ala Ser Pro Asp Lys Met Leu Gln 340 345 350

Gly Arg Leu Phe Ala Tyr Pro Asp Thr His Arg His Arg Leu Gly Pro 355 360 365

Asn Tyr Leu His Ile Pro Val Asn Cys Pro Tyr Arg Ala Arg Val Ala 370 375 380

Asn Tyr Gln Arg Asp Gly Pro Met Cys Met Gln Asp Asn Gln Gly Gly 385 390 395

Ala Pro Asn Tyr Tyr Pro Asn Ser Phe Gly Ala Pro Glu Gln Gln Pro 405 410 415

Ser Ala Leu Glu His Ser Ile Gln Tyr Ser Gly Glu Val Arg Arg Phe 420 425 430

Asn Thr Ala Asn Asp Asp Asn Val Thr Gln Val Arg Ala Phe Tyr Val 435 440 445

Asn Val Leu Asn Glu Glu Gln Arg Lys Arg Leu Cys Glu Asn Ile Ala 450 455 460

Gly His Leu Lys Asp Ala Gln Ile Phe Ile Gln Lys Lys Ala Val Lys 465 470 475 480

Asn Phe Thr Glu Val His Pro Asp Tyr Gly Ser His Ile Gln Ala Leu 485 490 495

Leu Asp Lys Tyr Asn Ala Glu Lys Pro Lys Asn Ala Ile His Thr Phe 500 505 510

Val Gln Ser Gly Ser His Leu Ala Ala Arg Glu Lys Ala Asn Leu 515 520 525